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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 NONE

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 04/03/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY TX	SHEETS DRAWING 8	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 6
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ADDRESS  
 24957  
 NASA JOHNSON SPACE CENTER  
 MAIL CODE HA  
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 HOUSTON , TX  
 77058

TITLE  
 Method and apparatus for monitoring oxygen partial pressure in air masks

FILING FEE  RECEIVED 1788	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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